

Discharge Advice

Branchial cyst removal

Branchial cyst removal surgery:

Branchial cysts are located in the side of the neck. They are present from birth but usually become more obvious from late childhood/ early adulthood due to recurrent infections.

Treatment of a branchial cyst involves surgical removal of the cyst and any associated tissue. This is performed under general anaesthesia.

What to expect after surgery:

An incision is made in a skin crease close to the lump, and the cyst and any associated tissue are removed. Sometimes a small drain may be placed in the neck and if so an overnight stay in the hospital is required. The drain is usually removed the day after surgery or longer if necessary. If all is well you can then be discharged home.

If non-dissolvable sutures are used then these may require removal after a week. This will be discussed with you post-operatively and indicated on your discharge letter.

It is normal to feel more tired than usual for up to a week after your operation, if you are a parent or a carer you will need some support during this time.

It is important that you eat and drink normally.

Ensure your wound site is kept clean and dry. Avoid the use of makeup and perfumed creams. After one month, gently massage your scar with a non-perfumed moisturising cream two or three times a day.

Potential complications and advice following surgery

Bleeding: the risk of bleeding is low and it is important to avoid any strenuous activity in the immediate post-operative period to reduce this risk. Bleeding could result in a haematoma (a blood clot) forming under the wound. You may need a further procedure to stop the bleeding and remove the clot.

Infection: there is a risk of infection with any surgical procedure, but provided the wound is kept clean the risk is very small.

Nerve damage: there is a very small risk of injury to nearby nerves including the facial nerve (causing weakness of the face) and accessory nerve (which can result in stiffness or drooping of the shoulder). This is usually apparent immediately post-surgery

Recurrence: There is a small risk you may require further surgery if the cyst recurs.

Recovery time:

You may experience some pain on swallowing due to the surgery and the anaesthetic tube. This is normal and should resolve after 72 hours.

Neck stiffness can also happen and you should move your head within your normal limits to prevent neck stiffness

You should take at least 2 weeks off school/work in order to recover from the surgery. A sick note can be provided prior to your discharge from hospital if required.

You will have a scar. This will look red but will fade slowly over a variable period of time between a few months and a few years. Some people produce a Keloid scar (raised/highly coloured scar). This is due to their skin type; it is unpredictable before surgery and may be treatable at a later date. You will need to protect your scar from direct sunlight for at least 18 months; it is advisable to use a total sun block.

Follow up:

You should be seen in the outpatient clinic at around 2 to 6 weeks post-surgery. At this point the laboratory tests on your cyst should be available. Your surgeon will also be able to review your neck and answer any questions you may have. Should you not receive this appointment, please call the outpatient booking office on 01495765055.

EMERGENCY DISCHARGE INFORMATION

09:00 to 17:00 Monday to Friday (excluding bank holidays): Contact the ENT Treatment room on 01633234018

After 17:00/overnight (adults): Ward C0 01633 493926 or 01633 493922.

After 17:00/overnight (children): Ward C1 on 01633 493609.

In the event of a breathing emergency, attend your closest Accident & Emergency department. This can happen with bleeding or swelling in your neck, particularly in the first 48 hours after an operation.

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